Partnerships To Increase Access To Care (both workshops)

	FEDERAL	STATE/LOCAL	OTHER
Interagency Collaboration and Its Goals	-Coordinated continuum of care and streamlined services -Empowerment zone -Access to health care -Cross referrals for homeless Vets -Wrap-around services -Streamlining services -Integrated federal funding -Community mental health & substance abuse -SAMHSA to give more $ to HCH programs for substance abuse tx. -Develop new blended funded initiatives (welfare to work, Sec. 8) -Federal agencies partnering with each other to develop uniform & simplified eligibility (HHS, HUD, DOL) -HHS serves as agent for HUD, DOE, DOL, DOJ, etc. to deliver $ and t.a. to local collaboratives and receives outcomes and needs data from them -HHD, HUD, DOE, DOL collaborate to provide afford. housing, health care, workforce readiness, "ready to learn" -Establish dialogue of collaboration among regional HHS agencies and central office -Coordinate funding applications from HHS, HUD, DOL -Create common funding applications from HUD, DVA, HCFA, HRSA -Create office of homeless affairs in DHHS -Create federal agency partnerships -Expand public health service -Define needs (Census, states, univ., consumers, foundations, other Fed. Agencies, etc.)	-Interagency task groups on services coordination -Homeless experts -One-stop homeless access -Psycho-social, medical, walk-in detox, frontline center -Front end collaborative applications for projects (e.g., childcare) -Streaming lining services -Homeless service providers need to develop network coalitions/ partnerships at local level with hospitals, clinics, businesses with funding from HHS & HUD -Cultural diversity -State agency collaboration on homeless services involving, private sector, health care providers, faith-based organizations, criminal justice sys., academic institutions, CBO's with agencies & non-profits -Homeless service providers need to partner with foundations/funders to develop innovative "gap" funding -Standing offer of work -Co-locate primary care, substance abuse, HIV & mental health care near places serving homeless people, then bill appropriate agency -State technical advisory & review committee -Establish state-level forums on homelessness, affordable housing & human services -Communication between grassroots advocates & decision-makers	-Cooperative interagency referrals and data sharing -Co-locating staff at state/county level -Provider partnerships for service integration -Partnerships with faith organizations -Benefit maximization (e.g. SSI/SSDI pays better benefits than state programs) -Cross-agency collaborations that plan & implement community health care delivery system -Partnerships via internet bulletin board & chat rooms -Local collaboratives / community action agencies that offer jobs, treatment, housing, training, etc. -Interagency outreach & enrollment contracts -Downtown business partnerships for outreach -Community outreach and enrollment

Simplified/ Automated Eligibility Processes	-Simplify eligibility process -Establish national standards for entitlements -Integrated MIS -Linked or automatic eligibility -Develop task force to identify common eligibility requirements -Partnership with Medicaid agency & homeless shelters to get same day enrollment; shelters would provide outstation worker, Medicaid would provide worker at each shelter to complete enrollment -Presumptive eligibility & recertification requirements -Federal guidelines (or waivers) allow states to streamline, simplify eligibility, blend or combine categorical $ from mainstream programs, with coordinated planning & accountability for outcomes	-Automated/integrated eligibility -Shared information (electronic) and funding to do so -Centralized application process -Facilitate referral, admission & communication between systems funded by same agency -Coordination in discharge planning -Notify MCO when homeless member assigned	-Joint outreach and eligibility worker -Regularly dispatched mobile units -Outreach and enrollment
Public Awareness, Education & Training	-Increase public awareness -Regional training on RWCA & HUD homeless housing planning -HCH, traditional health care, gov't. agencies, universities, general public partner in training, education, & T.A. -Increase awareness through formal and informal gatherings	-Cross-training -Client education -State of the art training -Increase the supply of qualified providers through joint NACHC & HCH training	-Advertising partnerships: media, radio, newspaper, etc. -Fill training gaps by forging and/or expanding partnerships with community colleges & universities -HCH provider internships for medical schools or any profession -Workshops, educational seminars, discussion groups between Medicaid & providers -Frontline training & support; outreach & marketing; service provision between homeless service providers and local mainstream providers -Use technology to connect state government & community providers (e.g., training curriculum on Internet) -National certification program on homeless services

Consumer Involvement	-Create peer-run programs -Employ homeless persons as outreach workers -"Nothing about me, without me" -Joint consumer/provider projects	-"Nothing about me, without me"	-"Nothing about me, without me"
Funding	-Universal health care	-Have service contract money blended for planning, service delivery & staff training -Integrated state and local funding -States & providers / MCO's to develop risk-adjusted reimbursement methodologies -Universal health care	-Universal health care
Specialized Services	-Donation by post office or others for P.O. boxes -Increase eligibility for homeless children -Transportation for medical appointments, job search, etc. -Homeless veterans with substance abuse problems -V.A. needs to be included; they have $44B budget that should be part of each community's resources -SAMHSA should work with the mental health and substance abuse treatment communities to evaluate "risk of homelessness" in persons served by these systems.	-Courts, corrections & treatment programs collaborate to create drug courts	-Targeted intensive case management